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THE CLEVELAND MUSEUM OF ART FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE MAY 6 to June 14 1964

PLEASE LETTER PLAINLY OR TYPE	Collaborator if a Address 39 No.		RKELEYRD.	CLEVE. HTS	44118 ZIP CODE	HARVEY FIRST NAME CUYAHOO COU	SA	VEMAN LAST NAME Tel. FA 1-6921		
Out-of-town residents should state whether return shipment is required. YES NO										
Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank										
NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE		TITLE		МЕ	DIUM	CLASS	DO NOT WRITE I THESE COLUMNS	
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SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATUR